Madigan Army Medical Center
Referral Guidelines

Dementia Guideline for Neuropsychological Testing

Diagnosis/Definition

- The essential feature of a dementia is the development of 2 or more cognitive deficits, one of which is often memory impairment. The cognitive deficits must be severe enough to cause impairment in occupational or social functioning and must represent a significant decline from previously higher levels of functioning beyond the effects of normal aging.
- A diagnosis of dementia should not be made if the cognitive deficits occur exclusively during the course of a delirium. However, delirium and dementia may co-exist.
- The disturbance cannot be accounted for by emotional disturbance alone (such as major depression).
- There are many causes of dementia, including neurodegenerative diseases, cerebrovascular disease, infections, traumatic brain injury, or combinations of these conditions. Some dementias are progressive, whereas others are not, and a small portion may be reversible. Some begin with predominantly cortical manifestations, whereas others begin with predominantly subcortical manifestations.

Initial Diagnosis and Management

- Signs and symptoms which should trigger consideration of a dementia evaluation include new or increasing cognitive changes, changes in personality, problem behaviors (e.g., wandering, agitation), and difficulties in activities of daily living that previously were performed satisfactorily (e.g., cooking, driving, finances, hygiene).
- Taking a careful history and obtaining collateral information from family members is essential. Additional evaluations are usually required as well, as described below.

Ongoing Management and Objectives

- Neuroimaging can help to identify focal lesions, mass effects, or cerebral volume loss contributing to symptoms. Laboratory studies can help rule out toxic or metabolic indicators of delirium.
- Screening with such instruments as the Mini Mental State Examination can establish general cognitive level and a baseline for further assessments. It should be noted that some patients may have a dementia yet may perform well on cognitive screenings due to their relative simplicity.
- Screening for depression and/or anxiety may indicate that symptoms are caused by a readily treatable mental disorder. Referral to Psychiatry is indicated if the presentation is unclear or complicated.
- Ongoing monitoring of medical conditions posing risk for the exacerbation of dementia, such as cerebrovascular disease, is important.

Indications for Specialty Care Referral

- Differentiating the effects of normal aging versus pathological processes on cognitive functions.
- Differential diagnosis of dementia etiology or distinguishing neurologic versus psychological factors.
- Monitoring of disease progression and objective assessment of treatment effects, such as cholinesterase inhibitors.
- Assisting with treatment recommendations.
- Determination of decision-making capacity and/or independent living skills.
- Questions arise about safety, including operation of a motor vehicle, due to cognitive impairment.
- Assistance with applications and determinations for disability.

Criteria for Return to Primary Care

Neuropsychological findings, impressions, and recommendations are forwarded back to the referring provider, who then follows-up with the patient and family as appropriate. The referring provider will monitor the effects of any cognitive enhancing medications and re-refer the patient to Neuropsychology for repeat evaluation if recommended.

References:

AAN Guideline Summary for Clinicians: Detection, diagnosis, and management of dementia. Retrieved on July 23, 2012 from http://www.aan.com/professionals/practice/pdfs/dementia_guideline.pdf

Last Review for this Guideline: **December 2012**
Referral Guidelines require review every three years.

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